Docket No.

206018US0/phh

IN THE UNITED STATES D TRADEMARK OFFICE

IN RE APPLICATION OF:

Mikiko SUGA, et al.

SERIAL NO:

09/835,381

GAU:

1652

FILED:

April 17, 2001

EXAMINER: C. L. FRONDA

1652

1st RCE FILED:

January 29, 2003

2nd RCE FILED:

November 26, 2003

FOR:

ARGININE REPRESSOR DEFICIENT STRAIN OF CORYNEFORM BACTERIUM AND METHOD FOR

PRODUCING L-ARGININE

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

Applicant(s) wish to disclose the following information.

REFERENCES

The applicant(s) wish to make of record the references cited in the attached European Office Action listed on the attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language references.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. In accordance with discussions on August 4, 2004 with Mr. Nicholas P. Godici, Commissioner for Patents, it is no longer required to submit copies of cited pending applications. A modification of the Rules will be published soon in the Official Gazette. Cited issued patents, if any, are listed on the attached PTO form 1449.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

CEP.TIFICATION

Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of

No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Customer Number

22850

Tel. (703) 413-3000 Fax. (703) 413-2220 (OSMMN 05/03)

Respectfully submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Norman F. Oblon

Vincent K. Shier, Ph.D. Registration No. 50,552

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